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Application Number	10/024,583
Filing Date	12/21/2001
First Named Inventor	S. Rao Cherukuri
Art Unit	1655
Examiner Name	Susan Hoffman
Attorney Docket Number	CAP1-009

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name S. Rao Cherukuri, President and CEO, Capricorn Pharma, Inc. (Assignee)

Date Telephone 301 696 1452

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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